

Below are the instructions for submitting applications to Enfield Day Care Center. In order for a child to be on the waiting list or enrolled, the application must be submitted in full.

Fill out entire application and sign and date where applicable.

Submit copies of child's Health Insurance card, birth certificate (long form), and medical information with physical occurring within 1 year of enrollment. If your child has allergies, these must be indicated by the physician on the Health Assessment Form included in the application packet.

Have two emergency contacts filled out and signed by people you are designating as such.

Registration fee is due upon actual enrollment.

If you wish to apply for any sliding fee slots that become available, also include 4 current consecutive pay stubs for all parents in the child's household.

Return to either the South Road or High Street Daycare locations. Below is a listing for parents of school age children of which schools we are currently busing to.

132 South Road Daycare:

- Enfield Street School
- Eli Whitney School
- H.B. Stowe School

110 High Street Daycare:

- Children walk with staff to/from Alcorn School
- Bus to Henry Barnard

Parochial Schools service either site.

ENFIELD DAY CARE CENTER
110 High Street/132 South Road
Enfield CT 06082
Phone: 860-253-5212/860-763-7003
Fee Information: 860-763-7089

CHILD APPLICATION

Accredited by the NAEYC Academy for Early Childhood Program Accreditation



Child's Name _____

For Office Use Only

| | | | | | |
|--------------------------|-------|--------------------------|-------|-----------------|-------|
| Application Received | _____ | Pay Stubs (4 weeks) | _____ | Contract Signed | _____ |
| | | Child Support | _____ | | |
| | | Social Security (Parent) | _____ | | |
| Date of Entry | _____ | Walk Permission | _____ | Fee Letter | _____ |
| Class | _____ | Photo Permission | _____ | Food Form | _____ |
| Home Visit | _____ | Emergency Release | _____ | Bullying Info | _____ |
| Emergency Contacts | _____ | Medical Records | _____ | EZ Care | _____ |
| Social Security Card | _____ | Physical Date | _____ | Red Book | _____ |
| Birth Certificate | _____ | Health Insurance Info | _____ | Lisa | _____ |
| Official School Schedule | _____ | Registration Fee \$30.00 | _____ | Class Book | _____ |
| | | Due upon entry | | Travel Book | _____ |
| Comments | _____ | | | | |

ENFIELD DAY CARE CENTER
110 High Street/132 South Road
Enfield CT 06082
Phone: 860-253-5212/860-763-7003
Fee Information: 860-763-7089

Dear Parents,

When you enroll your child in our Day Care program we are placed in a position of trust. Our responsibilities are to watch over and protect your child from harm, as much as humanly possible. This is a charge we take very seriously because we are mandated, by law, to report to the Department of Children and Families or other agencies, any situation which might jeopardize the safety of a child.

For the above reasons, caution must be taken as to whom you give permission to drop off and/or pick up your child. Any evidence of alcohol, drugs or erratic behavior, on the part of a person you designate, would justify our taking whatever actions deemed necessary to protect the child.

Please make certain that you entrust appropriate people to assume the responsibility of transporting your child to and from our program, for the sake of all concerned!

Thank you for your cooperation.

Sincerely,

Karen Edelson
Executive Director
Enfield Day Care Center

APPLICATION FOR:

Preschool _____
School Age (Kindergarten & Up) _____
Date care needed _____

Part Time (under 19 ¾ Hrs.) _____
Full Time (over 19 ¾ Hrs.) _____

Child's Name _____
Last First Middle Nickname

Child's Sex _____ male _____ female Child's Social Security Number _____

Child's Date of Birth _____ Child's Place of Birth _____

Child's Physician _____ Physician's Phone Number _____

Mother's Name _____ Father's Name _____

Mother's Date of Birth _____ Father's Date of Birth _____

Home Address _____ Home Address _____

Phone Number _____ Phone Number _____

Cell Phone _____ Cell Phone _____

Mother's Social Security Number _____ Father's Social Security Number _____

Mother's Work or School Name _____ Father's Work or School Name _____

Mother's Work or School Address _____ Father's Work or School Address _____

Mother's Work or School Phone _____ Father's Work or School Phone _____

Position _____ Position _____

Mother's Work or School Hours _____ Father's Work or School Hours _____

Mother's Work or School Days _____ Father's Work or School Days _____

Mother's Weekly Gross Income _____ Father's Weekly Gross Income _____

Mother's home/work e-mail address: _____ Father's home/work e-mail address: _____

Phone to call while child in day care: _____ **Phone to call while child in day care:** _____

Do you presently have an active Care 4 Kids certificate? _____ Yes _____ No

RESPONSIBLE PERSONS (**OTHER THAN PARENTS**) WHO MAY BE CALLED IN AN EMERGENCY SITUATION: (**You must list at least two**) (Must have signed emergency contact forms submitted)

1. _____
Name Relationship to Child Number to call if Emergency
2. _____
Name Relationship to Child Number to call if Emergency

PERSONS AUTHORIZED BY YOU TO PICK UP YOUR CHILD (**MUST HAVE TWO**):

- 1 _____
- 2 _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Re-married ___ Single ___ Widowed ___

If parents are not together (living in the same household), does the absent parent have authorization to pick up the child? _____ To be called in case of an emergency or illness? _____ Does the child see the absent parent? _____
How often? _____

Legal documentation must be provided regarding custody issues. If parent is on the birth certificate and not authorized to pick up, we will need court documentation to support this; otherwise legally both parents will be authorized to pick up.

What is place of this child in the family? Only ___ Oldest ___ Youngest ___ 2nd ___ 3rd ___ Other ___

All persons living in the home:

- | | <u>Name</u> | <u>Birth date</u> | <u>Relationship to child</u> |
|----|-------------|-------------------|------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

Who cares for the child now? _____

Why are services needed? _____

Who referred you to Enfield Day Care? _____

Other agencies which the family has used:

VNA _____ Neighborhood Center _____ WIC _____ Welfare Assistance _____ Mental Health Clinic _____

Day Care _____ DCF _____ Youth Services _____ Other _____

HEALTH AND DEVELOPMENTAL HISTORY

How do you feel about placing your child with us? _____

Is any other language besides English spoken in the home? Yes No

If yes – Which Ones _____

What are your child's interests at home? _____

Does your child have accessibility to his/her own supplies (scissors, paper, crayons, etc.)? _____

In which room does your child usually play? _____

Where are your child's toys kept? _____

Does your child play well with other children _____ By him/herself? _____ With adults? _____

What opportunities does your child have for socializing? (Play group, Sunday school, neighborhood children, school, etc.)? _____

What is your favorite activity with your child? _____

Have you ever taken your child on a "field trip" especially planned for him/her? (i.e. Children's museum, fair, amusement part, etc.)? _____ If so, where? _____

Did anything unusual happen while your child was growing up (serious illness, moving, death, change in family pattern, problems with other children, serious problems between you and your child)? _____

Are there any discipline problems at home or school/daycare? _____

What form of discipline do you use at home? _____

What does your child do when he/she is really angry? _____

Is your child accustomed to taking naps? _____ How long? _____

Is your child right or left handed? _____ Does your child wet the bed? _____

What time does your child wake up? _____ Go to bed? _____

Does your child have a fear of water? _____

Please Initial _____

Please describe your child's swimming abilities: Beginner: _____ Novice: _____ Intermediate: _____

What depth of water is your child allowed to swim in?

Wading pool only: _____ Deep pool with diving board: _____

Does your child have any fears? _____

List any preschool, daycare or home daycare which your child has attended:

| NAME | LOCATION | REASON FOR LEAVING |
|-------|----------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are parents in good health? _____

Have either you or your doctor noted that your child has had:

| | | | | |
|-------------------------|--------------------------|--------------------|----------------------|----------------|
| _____ high fever | _____ eczema | _____ constipation | _____ asthma | _____ earaches |
| _____ hives | _____ seizures | _____ rashes | _____ toothaches | |
| _____ wheezing | _____ speech problems | _____ nose bleeds | _____ vomiting | |
| _____ difficulty seeing | _____ difficulty hearing | _____ diarrhea | _____ frequent colds | |

If "YES" is answered to any of the above, please explain **how often** it occurs, **cause**, and **treatment** given.

Please list all allergies including food, medication, insect bites, or stings. ***Documentation from your child's physician must be provided.*** _____

Has your child had any of the following illnesses?

| | | |
|----------------------------------|-------------------------------|--------------------|
| _____ chicken pox | _____ "red" or "hard" measles | _____ strep throat |
| _____ "German" or "hard" measles | _____ impetigo | _____ mumps |
| _____ pin worms | _____ meningitis | |
| _____ other medical problems: | | |

Please explain: _____

Please list any medication given regularly with an explanation of its use: _____

Please Initial _____

Has your child ever:

_____ had broken bones

_____ been hospitalized

_____ ingested a poisonous substance

_____ had burns

_____ had surgery

_____ had cuts requiring a doctor

_____ other accidents

Please explain if you answered "YES" to any of the above _____

Child's food preferences: _____

Dislikes: _____

Does your child eat one or more servings each day?

_____ Dairy products

_____ Grain products

_____ Meat, fish, eggs, or poultry

_____ Fruits/vegetables

Describe any problems during pregnancy and birth: _____

Describe any problems during infancy: _____

List what age your child: walked _____ talked _____ was toilet trained _____

Does your child:

_____ Bite nails

_____ Have nightmares

_____ Suck thumb or fingers

_____ Have temper tantrums

_____ Wet the bed

_____ Hold his/her breathe

_____ Twirl hair

_____ Sleep walk

Are there any special goals you have for your child this year? _____

What time (day, evening, lunch hour) will you be able to attend parent and teacher conferences? _____

Has your child received any psychological testing? _____ If yes, when? _____

Where? _____

Would you be willing to provide any documentation? _____

Has your child received counseling outside of the home/school? _____ If yes, when? _____

Where? _____

Would you be willing to provide any documentation? _____

If there are special medical/psychological findings, please sign the authorization release so that we can obtain the information.

Printed Name of Parent/Guardian

Date

Please use the space below or the back of this paper if there is any other information about your child which you would like to include.

ENFIELD DAY CARE CENTER
110 High Street/132 South Road
Enfield CT 06082
Phone: 860-253-5212/860-763-7003
Fax: 860-253-5393/860-763-7089

Authorization for Release of Requested Information
For collaboration between agencies

I hereby authorize and request – Please check those that apply:

| | Name of Agency | Telephone Number |
|--|----------------|------------------|
| <input type="checkbox"/> Academic | _____ | _____ |
| <input type="checkbox"/> Medical | _____ | _____ |
| <input type="checkbox"/> Social | _____ | _____ |
| <input type="checkbox"/> Psychological | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

If you checked any of the above, please provide the appropriate agency name and telephone number.

Child's Name: _____

Date of Birth: _____

To: **Enfield Day Care Center**

These reports should be sent to:

Enfield Day Care Center
110 High Street/132 South Road
Enfield CT 06082
Fax number: 860- 253-5393/860-763-2960
Phone number: 860- 253-5212/860-763-7003

Signed: _____

Relationship: _____

Date: _____

ENFIELD DAY CARE CENTER

110 High Street/132 South Road

Enfield, CT 06082

Phone: 860-253-5212/860-763-7003

Fax: 860-253-5393/763-2960

PERMISSION FORM

Child's Name _____ Date of Birth _____

Name of Parent/Guardian _____

Address _____

Telephone Numbers: Home _____ Work _____

Cell _____

WALK PERMISSION

I hereby grant permission for my child to participate in all the routine activities of the *Enfield Day Care Center*. These activities may include indoor and outdoor play, special field trips that are within walking distance, etc.

***Please note any exceptions** _____

Signature of Parent/Guardian

PHOTOGRAPH PERMISSION

I hereby do ____ do NOT ____ allow the *Enfield Day Care Center* to use and/or reproduce photographs taken of my child and/or to circulate same for publicity purposes, including but not limited to classrooms, newspapers, television, etc.

***Please note any exceptions** _____

Signature of Parent/Guardian

EMERGENCY PERMISSION

In case of emergency, when or if I cannot be reached, I hereby authorize the *Enfield Day Care Center* to take my child to a hospital, and I also authorize treatment by the doctor on call or to the Ambulatory Care Center in Enfield and any emergency personnel to provide the necessary treatment. I also agree that I will be responsible for the cost of the said medical care.

***Please note any exceptions** _____

Signature of Parent/Guardian

Date

ENFIELD DAY CARE CENTER

110 High Street/132 South Road

Enfield, CT 06082

Phone: 860-253-5212/860-763-7003

Fax: 860-253-5393/763-2960

EMERGENCY CONTACT VERIFICATION

Dear _____,

Your name has been submitted as an emergency contact person for (Child's Name) _____. When parents cannot be reached, you will be called on to accept parental responsibility in an emergency situation.

Please sign your name below if you are willing to accept and are available to serve in this capacity.

PRINTED NAME: _____

SIGNATURE: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

PHONE NUMBER TO CALL IF EMERGENCY: _____

THIS CONTACT MUST HAVE THE APPROPRIATE CAR SEAT

This form must be signed by the emergency contact

ENFIELD DAY CARE CENTER

110 High Street/132 South Road

Enfield, CT 06082

Phone: 860-253-5212/860-763-7003

Fax: 860-253-5393/763-2960

EMERGENCY CONTACT VERIFICATION

Dear _____,

Your name has been submitted as an emergency contact person for (Child's Name) _____. When parents cannot be reached, you will be called on to accept parental responsibility in an emergency situation.

Please sign your name below if you are willing to accept and are available to serve in this capacity.

PRINTED NAME: _____

SIGNATURE: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

PHONE NUMBER TO CALL IF EMERGENCY: _____

THIS CONTACT MUST HAVE THE APPROPRIATE CAR SEAT

This form must be signed by the emergency contact